



LIFESAVING SOCIETY

The Lifeguarding Experts

LIFESAVING SPORT – ATHLETE REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone #: _____ Date of Birth (y-m-d): _____ Gender: _____

LSS ID#: _____ Email: _____

Club/Affiliate: _____

(If you are currently a Registered Athlete, you are not required to submit the following documents. Please provide your Registered Athlete Number: _____).

Athletes must submit and attach at least one copy of legible documents that confirm and support each of (1) Canadian Citizenship (2) Date of Birth (3) Lifesaving Society Award (you must hold Bronze Medallion or higher certification):

(1) Canadian Citizenship:

Birth Certificate

or

Canadian Passport

or

Citizenship Card

(2) Date of Birth:

Birth Certificate

or

Canadian Passport

or

Citizenship Card

(3) Lifesaving Award:

Lifesaving Society Cert. Card

DECLARATION: I hereby declare that the statements made in this application are true.

Applicant's signature:	Date:	Signed at:
	Year / Month / Day	City / Province

FOR OFFICE USE: DOCUMENTS RECEIVED		
Canadian Citizenship	Birth Certificate	Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Passport	Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Birth Certificate	Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Passport	Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lifesaving Award	Lifesaving Society Certification Card	Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Athlete Number: _____		

Please mail, fax or email to:

Lifesaving Society, 400 Consumers Road, Toronto, Ontario M2J 1P8

fax: 416-490-8766 Email: AthleteRegistration@lifeguarding.com